

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



October 6, 1994

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 94-78

REVISED STATEMENT OF FACTS (MC 210-8/93 VERSION)

The purpose of this letter is to invite you to participate in the evaluation of the recently revised Statement of Facts (MC 210-8/93 version). Enclosed is the evaluation form to be completed by the staff in your agency who work with the MC 210.

As you know, the Department of Health Services (DHS) implemented the revised MC 210 in stages from December 1993 through February 1994. The new form contained a variety of changes including less pages, revised wording, format, and instructions. We recognize that this new version required the counties to adapt some of their current procedures and routines, and that the form may need further revisions once it has been tested statewide.

With the above in mind, a six-month MC 210 evaluation has been planned from June through November 1994. The goal of the evaluation is to determine the effectiveness of the revised MC 210 and gather suggestions for improvements or revisions. As part of the evaluation, the DHS plans to visit several offices to conduct an on-site review of the form's effectiveness and use. In addition to these on-site county reviews, another essential part of the MC 210 evaluation is to obtain written comments about the new form from all counties through an evaluation form (enclosed). We appreciate your participation in this project.

Your input on these evaluation forms will assist the DHS in gathering information. Please be as specific as possible when you answer the questions on the evaluation form. If more space is needed, you may attach a separate sheet of paper. Please ensure you return the evaluation forms to the DHS no later than October 28, 1994. For your convenience, a return envelope has been provided. If you have questions or need further information, please do not hesitate to call Leanna Pierson of my staff at (916) 654-0630.

Thank you, and we look forward to hearing from you soon.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Enclosure

REVISED STATEMENT OF FACTS (MC 210 8/93)
COUNTY EVALUATION QUESTIONSCOUNTY : **I. Intake Process Section**

Please attach a Medi-Cal intake packet from your county.

- A. What method does your county use to process Medi-Cal intake applications when applicants arrive at reception?
(If your county uses forms to help in the intake process, please attach copies to this questionnaire.)

- B. If your county uses screeners, what is their job title?

II. Redetermination Section

If your county uses pre-made redetermination packets, please attach a redetermination packet from your county.

- A. What process does your county use to get the MC 210 Statement of Facts - and other related forms - to beneficiaries at redetermination?

III. Training Section

- A. Please identify any issues related to the revised MC 210, or the use of the supplemental forms, on which you feel your county may need further clarification?

- B. What do you believe is the best way to address these issues?
☐ E-Mail ☐ All County Welfare Director's Letter ☐ Training

☐ Other

IV. County Comment Section

In answering questions in this section, please provide as much specific information as possible.

- A. What portions of the revised MC 210 are the most effective? (Please describe.)

- B. What portions (if any) of the revised MC 210 are not effective, or could use further improvement? (Please describe.)

- C. If you have any further suggestions or general remarks regarding the revised MC 210, please add below.
(If your county has developed forms or procedures that you believe would be helpful to the Department or other counties, please provide this information and attach copies, if applicable.)

Name(s) of person(s) completing evaluation:

Title(s) of person(s) completing evaluation:

Date: